Student's Name:



OSE goal: Approximately 333 pages per month

(Additional sheets may be attached)

Student's Grade Level:

School:	Teacher's Name:			
TITLE OF BOOK	AUTHOR	TYPE OF BOOK (Fiction, Adventure, Biography, Science Fiction, Mystery, Poetry, Myths, Fables, Sports, Nature, or other)	NUMBER OF PAGES READ	
My favorite book was:			Total Pages:	

I certify to the best of my knowledge this student has read these pages. I have also approved these books and verified they are appropriate.

Parent Signature:	Date:
Teacher Signature :	Date:

*This is only a suggested form. Teachers may develop their own form.